



CLAIMANT'S NAME Kathryn Radtkey Gaither			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Governor's Office			
POSITION Undersecretary			CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary of Education			INDEX NUMBER 131	
RESIDENCE ADDRESS * 1121 L Street #600					HEADQUARTERS ADDRESS 1121 L Street #600			TELEPHONE NUMBER 916-322-9204	
CITY Sacramento		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA	

1) MONTH/YEAR <i>April</i>		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
20	0430 2300	Sacto/San Diego/return		4.76		13.14				9.00	40.9	20.46		47.36
10) SUBTOTALS				4.76		13.14				9.00	40.92	20.46		47.36

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$ 47.36

<p>11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</p> <p>4/20/10 Schools information meeting at Jefferson Elementary School, Calexico, CA</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(12) NORMAL WORK HOURS _____</p> <p>(13) PRIVATE VEHICLE LICENSE NUMBER _____</p> <p>(14) MILEAGE RATE CLAIMED _____</p> <p>AGENCY ACCOUNTING OFFICE USE ONLY</p> <p>PAID BY REVOLVING FUND CHECK NUMBER _____</p>
<p>15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to</p>	

CLAIMANT'S SIGNATURE	DATE	(16.)	PAYMENT	DATE
	4/22/10			4/22/10

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

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Kathryn Radtkey Gaither

ORIGINAL

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

Governor's Office

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DIVISION OR BUREAU

Office of the Secretary of Education

INDEX NUMBER

131

RESIDENCE ADDRESS *

1121 L Street #600

HEADQUARTERS ADDRESS

1121 L Street #600

TELEPHONE NUMBER

916-322-9204

CITY

Sacramento,

STATE

CA

ZIP CODE

95814

CITY

Sacramento,

STATE

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1) MONTH/YEAR April	2) DATE	3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
	0630			0			0			31.25		14.95	206.41
23		Sacramento/Miami	132.21	6.00	10.00	18.00	4.04						216.45
24		Miami		6.00	10.00	18.00	6.00			30.00		14.95	84.95
25		Miami		5.99		18.00	6.00			30.00		14.95	74.94
26		Miami				18.00	6.00			30.00			54.00
27	2300	Miami/Sacramento			10.00	3.25	6.00						19.25
				3.25	48.00	40.62							31.87
10)		SUBTOTALS	132.21	11.99	30.00	75.25	24.00			121.25		44.85	439.55
				47.99	23.25	30.00	14.60						444.21

COLUMN CODE (ACCTG. USE ONLY)

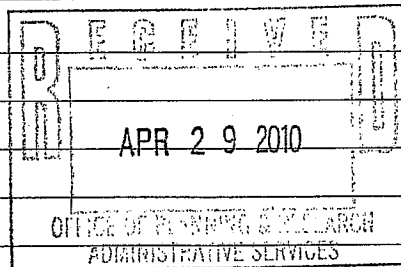
CLAIM TOTAL

\$439.55
444.21

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/23-27/2010 NGA Education Meeting, Miami, Florida

4/23/10 Lost dinner receipt



(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE

DATE

(16.) SIGNATURE

DATE

DATE

